ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---|---|---|---|
| | | | |
| FEE DETERMINATION | DT | | 9-30-00 |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | | | |
| RESPONSE FORMALITY REVIEW | | | |
| | | 60874 | 11 1-4 |

## INDEX OF CLAIMS

| | | |
|---|---|---|
| ✔ | Rejected | N ........... Non-elected |
| = | Allowed | I ........... Interference |
| − (Through numeral) | Canceled | A ........... Appeal |
| ÷ | Restricted | O ........... Objected |



If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)